North Carolina Medicaid Capital Data Survey 2007

I. Provider Information

A	Nursing Facility Name			
B	Medicaid SNC Provider Number			
C	Street Address			
D	City, State		Zip Code	
E	Telephone Number			
F	Fax Number			
G	Year of Initial Construction			

II. Current Bed and Square Footage Data (Report data as of the date the survey is completed.)

H	Total Number of Licensed Nursing Facility Beds	
I	Total Number of Non-Nursing Beds (ACH, Rest Home, etc.)	
J	Total Beds (Sum of H + I)	
K	Square Footage Applicable to the Nursing Facility Rooms	
L	Square Footage Applicable to Non-Nursing Services Rooms *	
M	Total Facility Gross Square Footage (including non-patient rooms)	

N Does your facility expect to complete a major renovation project or add new beds between 10/1/07 and 9/30/08? (YES or NO)

*** Non-nursing services are services that your facility may provide to individuals not occupying a nursing facility bed. Types of non-nursing services would include assisted living, residential care, apartments, etc. The square footage applicable to non-nursing services should be reported separately above.**

When completing sections III and IV, include data capitalized for this facility since the previous survey. This does not mean from the time the current owner purchased the facility to present. This could involve reviewing the prior owner's records or, in the case of a lease, obtaining information from the lessor. The month and year of construction should reflect the month the addition was completed (placed in service) and capitalized on a depreciation schedule.

III. Construction of Additional New Beds or Replacement of Existing Beds Data (FOR DATA THROUGH 9/30/2007

(If you have more than 5 additions/replacements, complete a second page)

Please report each addition of new nursing facility beds that resulted from new construction from the time of the previous survey to present or replacement of existing beds. **A project is considered a bed addition if the construction was done to add new beds to the facility. A project is considered a replacement if an existing building or portion of a building was demolished and rebuilt with no additional beds added.**

If more than one addition was completed within a cost report year, please report the data for each addition separately.

		Addition 1	Addition 2	Addition 3	Addition 4	Addition 5
O	Month and year construction completed (MM/YY)					
P	Cost of construction project (whole dollars)					
Q	Number of beds added					

		Replacement 1	Replacement 2	Replacement 3	Replacement 4	Replacement 5
R	Month and year construction completed (MM/YY)					
S	Cost of construction project (whole dollars)					
T	Number of beds replaced					

IV. Major Renovation Not Involving Addition or Replacement of Beds (FOR DATA THROUGH 9/30/2007

(If you have more than 5 major renovations, complete a second page)

Please report for each cost report year the cost of major renovation projects completed since the previous survey to present. Major renovation projects include those items capitalized as either land, land improvements, building, building improvement, leasehold improvements and equipment. Do not include any costs associated with Section III above (Additional or Replacement of New Beds). **SEE INSTRUCTIONS**.

Major renovation projects have a total cost equal to or greater than **$500 per licensed bed at the time the project was completed**. A major renovation can be a project or series of projects that aggregate to the $500 per bed threshold over the cost report year. If a renovation project involved construction activities in both the licensed nursing facility and the non-nursing sections of the facility, only those construction costs associated with the licensed nursing facility section of the facility should be included. Documentation must be maintained to demonstrate how construction costs were allocated between nursing home and non-nursing home (ACH, rest home etc.).

		Renovation 1	Renovation 2	Renovation 3	Renovation 4	Renovation 5
U	Month and year construction completed					
V	Cost of renovation project (whole dollars)					

Print Name / Title

Date Completed

Signature of Facility Representative

Title